PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE ork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number Effective on 12/08/2004. Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number 09/765,891 FEE TRANSMITTA January 18, 2001 Filing Date For FY 2005 Me Van LE First Named Inventor **Examiner Name** Thang V. TRAN Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2653 TOTAL AMOUNT OF PAYMENT (\$) 910.00 Attorney Docket No. 155634-0116 (P006XRE) METHOD OF PAYMENT (check all that apply) Credit Card Other (please identify): Check Money Order None Deposit Account Name: Irell & Manella LLP ✓ Deposit Account Deposit Account Number: 09-0946 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES SEARCH FEES EXAMINATION FEES** Small Entity **Small Entity Small Entity** Fees Paid (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) 200 Utility 300 150 500 250 100 200 130 Design 100 100 50 65 200 Plant 100 300 150 160 80 Reissue 300 150 500 600 300 250 0 Provisional 200 100 0 0 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee (\$) Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 25 100 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 360 180 Multiple dependent claims **Multiple Dependent Claims** Fee Paid (\$) **Total Claims Extra Claims** Fee (\$) - 20 or HP = Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20 **Extra Claims** Fee (\$) Fee Paid (\$) Indep. Claims - 3 or HP = HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof **Total Sheets Extra Sheets** Fee (\$) Fee Paid (\$) (round up to a whole number) x - 100 = / 50 = Fees Paid (\$) 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other: RCE (\$790.00); 1 Mo. Extension of Time (\$120.00) \$910

SUBMITTED BY			
Signature	for over	Registration No. (Attorney/Agent) 33,609	Telephone 949-760-0991
Name (Print/Type)			Date May 13, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.